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John C. Gatz
Jenkins & Gilchrist
225 West Washington Street
Suite 2600
Chicago, Illinois 60606

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Joanna Pinos (Depositor's name)
[Signature] (Signature)
March 15, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/750,270	01/02/2004	Marvin A. Genshaw	MSE #2672	1737

TITLE OF INVENTION: CALIBRATION DATA ENTRY SYSTEM FOR A TEST INSTRUMENT

03/19/2007 SFELEKE2 00000053 10750270

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/19/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SUAREZ, FELIX E	2857	702-023000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Bayer Healthcare LLC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tarrytown, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☒ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-0447 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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[Signature]

Date March 15, 2007

Typed or printed name

John C. Gatz

Registration No. 41,774

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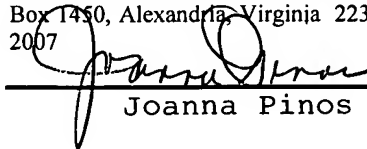
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Joanna Pinos

RE: U.S. Patent Application Serial No. 10/750,270, filed January 2, 2004
Title: "Calibration Data Entry System For A Test Instrument"
Our File No.: MSE#2672 (47082-00078USPT)
Confirmation No.: 1737

Dear Sir:

Transmitted for filing with the Patent and Trademark Office are the following documents for the above-referenced patent application:


1. Part B Issue Fee Transmittal
2. Check in the amount of \$1,700.00 for issue/publication fees
3. Acknowledgment Postcard

Please address all communications related to this to:

John C. Gatz, Esq.
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225 West Washington Street, Suite 2600
Chicago, Illinois 60606

In the event there is an under or overpayment, please debit or credit our Deposit Account #10-0447 (47082-00078USPT). This letter is being filed in duplicate to facilitate processing.

Very truly yours,


John C. Gatz
Registration No. 41,774

Date: March 15, 2007